

**TIME CARRY OVER REQUEST FORM
FISCAL YEAR 2021 – 2022**

Name: _____

Date: _____

NUMBER OF DAYS AVAILABLE TO CARRY OVER

JULY 1, 2021 THROUGH JUNE 30, 2022

Requested unused Vacation time as of June 30, 2021 _____

APPROVAL

Supervisor (Department Head)

First Selectman

Date